

B6I (Official Form 6I) (12/07)

In re **Michael P Lacey**

Case No. **2:13-bk-55466**

Debtor(s)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
<b>Married</b>	RELATIONSHIP(S): <b>Stepdaughter</b>	AGE(S): <b>16</b>
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	<b>Sales</b>	<b>Admin</b>
Name of Employer	<b>Select Comfort</b>	<b>Ohio Health Corporation</b>
How long employed	<b>2 months</b>	<b>5 years</b>
Address of Employer	<b>9800 59th Ave. North Minneapolis, MN 55442</b>	<b>180 East Broad St. Columbus, OH 43215</b>

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ <b>2,764.73</b>	\$ <b>4,045.60</b>
\$ <b>0.00</b>	\$ <b>0.00</b>

3. SUBTOTAL

\$ <b>2,764.73</b>	\$ <b>4,045.60</b>
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4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify) **See Detailed Income Attachment**

\$ <b>423.93</b>	\$ <b>605.11</b>
\$ <b>0.00</b>	\$ <b>436.19</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>309.71</b>

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <b>423.93</b>	\$ <b>1,351.01</b>
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6. TOTAL NET MONTHLY TAKE HOME PAY

\$ <b>2,340.80</b>	\$ <b>2,694.59</b>
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7. Regular income from operation of business or profession or farm (Attach detailed statement)
8. Income from real property
9. Interest and dividends
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above
11. Social security or government assistance (Specify):
12. Pension or retirement income
13. Other monthly income (Specify):

\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>172.48</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ <b>0.00</b>	\$ <b>172.48</b>
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15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ <b>2,340.80</b>	\$ <b>2,867.07</b>
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16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ <b>5,207.87</b>
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(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

**Non-filing wife's income is based on a regular 40 hour work week, no overtime is regularly earned. Debtor's income is from a new job (first paystub received January 2, 2015), he does receive commission income which is listed here and based on the most recent earnings.**

B6I (Official Form 6I) (12/07)

In re Michael P Lacey  
Debtor(s)

Case No. 2:13-bk-55466

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED**  
**Detailed Income Attachment**

**Other Payroll Deductions:**

<b>United Way</b>	<b>\$</b>	<b>0.00</b>	<b>\$</b>	<b>21.67</b>
<b>403(b)</b>	<b>\$</b>	<b>0.00</b>	<b>\$</b>	<b>121.38</b>
<b>FSA Health Care Account</b>	<b>\$</b>	<b>0.00</b>	<b>\$</b>	<b>166.66</b>
<b>Total Other Payroll Deductions</b>	<b>\$</b>	<b>0.00</b>	<b>\$</b>	<b>309.71</b>

B6J (Official Form 6J) (12/07)

In re **Michael P Lacey**

Case No. **2:13-bk-55466**

Debtor(s)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<b>0.00</b>
a. Are real estate taxes included? Yes <u><b>X</b></u> No <u>    </u>		
b. Is property insurance included? Yes <u><b>X</b></u> No <u>    </u>		
2. Utilities: a. Electricity and heating fuel	\$	<b>287.00</b>
b. Water and sewer	\$	<b>85.00</b>
c. Telephone	\$	<b>0.00</b>
d. Other <u><b>See Detailed Expense Attachment</b></u>	\$	<b>285.13</b>
3. Home maintenance (repairs and upkeep)	\$	<b>75.00</b>
4. Food	\$	<b>850.00</b>
5. Clothing	\$	<b>175.00</b>
6. Laundry and dry cleaning	\$	<b>45.00</b>
7. Medical and dental expenses	\$	<b>310.00</b>
8. Transportation (not including car payments)	\$	<b>275.00</b>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<b>75.00</b>
10. Charitable contributions	\$	<b>0.00</b>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<b>0.00</b>
b. Life	\$	<b>0.00</b>
c. Health	\$	<b>0.00</b>
d. Auto	\$	<b>325.14</b>
e. Other <u>    </u>	\$	<b>0.00</b>
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) <u>    </u>	\$	<b>0.00</b>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<b>0.00</b>
b. Other <u><b>Condo Fees</b></u>	\$	<b>80.00</b>
c. Other <u><b>Non-filing spouse student loan payment</b></u>	\$	<b>100.00</b>
14. Alimony, maintenance, and support paid to others	\$	<b>0.00</b>
15. Payments for support of additional dependents not living at your home	\$	<b>0.00</b>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<b>0.00</b>
17. Other <u><b>See Detailed Expense Attachment</b></u>	\$	<b>295.00</b>

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **3,262.27**

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

**Debtor and step-daughter have some expensive prescription costs out of pocket. No anticipated changes.**

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	<b>5,207.87</b>
b. Average monthly expenses from Line 18 above	\$	<b>3,262.27</b>
c. Monthly net income (a. minus b.)	\$	<b>1,945.60</b>

B6J (Official Form 6J) (12/07)

In re **Michael P Lacey**

Case No. **2:13-bk-55466**

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED**  
**Detailed Expense Attachment**

**Other Utility Expenditures:**

<b>Cell phones (3)</b>	\$	<b>225.13</b>
<b>Cable/internet</b>	\$	<b>60.00</b>
<b>Total Other Utility Expenditures</b>	\$	<b>285.13</b>

**Other Expenditures:**

<b>Personal grooming</b>	\$	<b>85.00</b>
<b>Household supplies</b>	\$	<b>65.00</b>
<b>After-school activities for step-daughter</b>	\$	<b>70.00</b>
<b>Pet food/meds</b>	\$	<b>75.00</b>
<b>Total Other Expenditures</b>	\$	<b>295.00</b>

Case 2:15-dk-55466 Doc 34 Filed 02/24/15 Entered 02/24/15 15:16:58 Desc M

Employee MICHAEL LACEY Emp ID 311844 Social Security 000-XX-0000 Status (US M CH M) Fed-Res-Work Exempt/Allow US 6/0 OH-610 Number 20188960

Page 5 of 11

Code	Paygroup	Division	Department	Hire Date	Period Start	Period End	Pay Date
SELEC12	1	200	2500	12f19114	12/14/14	12/27/14	01102/15

Earnings	Rate	Hrs/Units	Currant	Year To Date Paid	Time Off	Balance
Regular Pay	9 0000	53 75	.483.75	4031,75	P10	0 OQ
Total Gross			48375	483.75		

Ttxcs -----pCcj 1t c mS--			
Social Senunty FICA)	29 99	"29'99i	Checking XjCXXX3070
Federal Medicare	7 01	7 01	
Ohio Income Tax	2 73	2 73	
Columbus City Tax	12 09	12 09	
Columbus ,Citr Tax NOñRes.	1209	.12.09	W2'GrOss Wages...
Total	63.91	63.91	

Current	Year To Date
43375	48378

Net Pay	419:84
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Select Comfort Retail Corporation - 9800 59th Avenue North Minneapolis,

MN 55442 - (763) 551-7077

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**select comfort.**

CREATOR OF THE SLEEP NUMBER BED

9800 59th Avenue North  
Minneapolis, MN 55442

01/16/2015

D0214433

**ADVICE OF DEPOSIT - NON-NEGOTIABLE**

**\$638.48**

USM1429 2500

713A-1-592

**MICHAEL LACEY**  
9263 POLARIS GREEN DRIVE  
COLUMBUS, OH 43240

**NON-NEGOTIABLE**

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REMOVE DOCUMENT ALONG THIS PERFORATION

Employee	Emp ID	Social Security	Status	Fed-Res-Work Exempt/Allow	Number		
MICI-IAEL LACEY	31844	XXX-XX 0000	US-M OH-M	US 610 OH 6/0	00214433		
Code	Pay Group	Division	Department	Hire Date	Period Start	Period End	Pay Date
SELECT2	1	200	2500	12/19/14	12/28/14	01/10/15	01/16/15

Earnings	Rate	Hrs/Units	Current	Year To Date	Paid Time Off	Balance
Regular Pay	9.0000	78.50	706.50	1100.25	P10	0.00
H1t-1dlidü :pay 'Howty...	5000	75(j	33.75	3375		
Total Gross			14025	1224.00		
Taxes			D		ecuun	A oirnt
					Checking -, XXXXX3079	638.46
Social Security (RCA)			45.90	75.89		
Federal Medicare			10.74	17.75		
Ohio Income Tax			8.11	10.84		
Columbus			11.5j	30.60	W2 Gross Wages	740.25
Columbus City Tax Non-Res			-18.51	-30.60		1224.00
Total			101.77	165.68		
<b>Net Pay</b>				638.48		

IrI

HE

VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

**select comfort**  
CREATOR OF THE SLEEP NUMBER BED  
9800 59th Avenue North  
Minneapolis, MN 55442

01/30/2015 D0216635

**ADVICE OF DEPOSIT - NON-NEGOTIABLE** \$1,282.48

USM1429 2500 714A-1-590

MICHAEL LACEY  
9263 POLARIS GREEN DRIVE  
COLUMBUS, OH 43240

**NON-NEGOTIABLE**

REMOVE DOCUMENT ALONG THIS PERFORATION

Employee	Fmp ID	Social Security	Status	ed -Re Wott Exempt/Allow	Number		
MICHAEL LAGEY	31844	XXX-XXJ00C US	OH-M	01-1-6/0	-00216635-		
Code	Pavgroup	Division	Department	I-fin' Date	Period Start	Period End	Pay Date
SELECT2							
Earnings	Rare	F-lrsf0nit	Lurrent	Year To Date	Paid Time Off		Balance
Regular Pay	-- 90000-	75.00	675.00	1865.25	RO		
				550.49			
Store			275.24	275.24			
P.eta3 l lel;d pay lc,U'ly				38.75	IXrtcL Deposit ALcuwjLs		Applouni
Mattress Pad Incentive	--		4000	40.00	Checking - XXXXXSO79		4282.48
Total Gross			1540.73	2764.73			
Taxes						current	Year To Date
Federal Income To			28.69	28.69	W2 Gross Wages	1540J3	2764.73
Social Security (PICA)			95.52	171.41			
Federal Medicare			22.34	40.09			
Ohio Income Tax			34.66	45.50			
Columbus city Tax			38.52	69.12			
Columbus City Tax Non Flea			38.52				
Total			258.25	423.93			
Net Pay			1282.48				

Select Comfort Retail Corporation - 9800 59th Avenue North Minneapolis, MN 55442 - (763) 551-7077

<b>OhioHealth Corporation</b> 180 East Broad Street Columbus, OH 43215		Pay Group: 0010010 Corporate Associates Pay Begin Date: 12/21/2014 Pay End Date: 01/03/2015		Business Unit: OHPAR Check #: 000000005121154 Check Date: 01/09/2015	
<b>Mary Jayne Lacey</b> 9263 Polaris Green Drive Columbus, OH 43240		Associate ID: 78306 Department: 79170-Hr Resource Center Location: 180 E. Broad Street Job Title: HR Resource Center Spec II Pay Rate: 822.170000 Hourly	<b>TAX DATA:</b> Marital Status: Married Allowances: 3 Addl. Pet: Addl. Arat		<b>Federal</b> Not applicable 4

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	
Biometrics Health Credits			40.00		40.00	Fed Withholding	76.53	76.53
Holiday Pay	22.170000	16.00	354.72	16.00	354.72	Fed MED/EE	22.58	22.58
Regular	22.170000	55.75	1,235.98	55.75	1,235.98	Fed OASDI/EE	96.55	96.55
TAP Authorized	22.170000	8.25	182.90	8.25	182.90	OH Withholding	36.33	36.33
						OH COLUMBUS Withholding	38.93	38.93
<b>TOTAL:</b>		<b>80.00</b>	<b>1,813.60</b>	<b>80.00</b>	<b>1,813.60</b>	<b>TOTAL:</b>	<b>270.92</b>	<b>270.92</b>

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Medical - PCA	153.00	153.00	Group Term Life	2.61	2.61	Employer Paid Life Ins - 1X*	0.43	0.43
Dental	19.71	19.71	AD&D (Personal Acc. Ins.)	0.81	0.81			
Vision Service Plan	7.20	7.20	Supplemental Children Life	0.92	0.92			
403(b) Savings Plan	18.14	18.14	Long Term Disability	16.52	16.52			
FSA - Health Care Account	76.92	76.92	United Way	10.00	10.00			
<b>TOTAL:</b>	<b>274.97</b>	<b>274.97</b>	<b>TOTAL:</b>	<b>30.86</b>	<b>30.86</b>	<b>*TAXABLE</b>		

	TOTAL GROSS	FED TAXABLE GROSS	W) 041 IN4 #1U	INITIAL DEDUCTIONS	NET PAY
Current	1,813.60	1,539.06	270.92	305.83	1,236.85
YTD	1,813.60	1,539.06	270.92	305.83	1,236.85

LEAVE BALANCES	TAP	SSP	PERS LEAVE	NET PAY DISTRIBUTION			
Available Balance	53.40	0.0	0.0	Payment Type	Account Type	Account Number	Amount
				Advice #000000005121154	Checking	xxxxx3079	\$1,236.85
				TAP Hours Earned this Pay	5.23	TOTAL:	\$1,236.85

MESSAGE:



OhioHealth Corporation 180 East Broad Street Columbus, OH 43215		Pay Group: 78306 Pay Begin Date: 01/04/2015 Pay End Date: 01/17/2015		Business Unit: OJ-IPAR Check #: 000000005139731 Check Date: 01/23/2015																
Mary Jayne Lacey 9263 Polaris Green Drive Columbus, OH 43240		Associate ID: 78306 Department: 79170-Hr Resource Center Location: 180 B. Broad Street Job Title: HR Resource Center Spec 11 Pay Rate: 822.170000 Hourly	<table border="1"> <tr> <td>TAX DATA:</td> <td><b>Federal</b></td> <td><b>OH State</b></td> </tr> <tr> <td>Marital Status:</td> <td>Married</td> <td>Not applicable</td> </tr> <tr> <td>Allowances:</td> <td>3</td> <td>4</td> </tr> <tr> <td>Addl. Pet:</td> <td></td> <td></td> </tr> <tr> <td>Addl. Ad•</td> <td></td> <td></td> </tr> </table>			TAX DATA:	<b>Federal</b>	<b>OH State</b>	Marital Status:	Married	Not applicable	Allowances:	3	4	Addl. Pet:			Addl. Ad•		
TAX DATA:	<b>Federal</b>	<b>OH State</b>																		
Marital Status:	Married	Not applicable																		
Allowances:	3	4																		
Addl. Pet:																				
Addl. Ad•																				

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	YTD Hours	Earnings	Description	Current	
Biometrics Health Credits			40.00		80.00	Fed Withholding	72.30	148.83
Overtime	33.253333	0.75	24.94	0.75	24.94	Fed MED/EE	22.70	45.28
Regular	22.170000	72.00	1,596.24	127.75	2,832.22	Fed OASDI/EE	97.06	193.61
TAP Authorized	22.170000	7.25	160.73	15.50	343.63	OH Withholding	35.35	71.68
Tuition Reimbursed-Before			3,500.00		3,500.00	OH COLUMBUS Withholding	39.14	78.07
Holiday Pay			0.00	16.00	354.72			
<b>TOTAL:</b>		<b>80.00</b>	<b>5,321.91</b>	<b>160.00</b>	<b>7,135.51</b>	<b>TOTAL:</b>	<b>266.55</b>	<b>537.47</b>

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Medical - PCA	153.00	306.00	Group Term Life	2.61	5.22	Employer Paid Life Ins - 1X*	0.43	0.86
Dental	19.71	39.42	AD&D (Personal Acc. Ins.)	0.81	1.62			
Vision Service Plan	7.20	14.40	Supplemental Children Life	0.92	1.84			
403(b) Savings Plan	54.66	72.80	Long Term Disability	16.52	33.04			
FSA - Health Care Account	76.92	153.84	United Way	10.00	20.00			
<b>TOTAL:</b>	<b>311.49</b>	<b>586.46</b>	<b>TOTAL:</b>	<b>30.86</b>	<b>61.72</b>	<b>*TAXABLE</b>		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	5,321.91	1,510.85	266.55	342.35	4,713.01
YTD	7,135.51	3,049.91	537.47	648.18	5,949.86

LEAVE BALANCES	TAP	SSP	PERS LEAVE	NET PAY DISTRIBUTION			
Available Balance	51.38	0.0	0.0	Payment Type	Account Type	Account Number	Amount
				Advice #000000005139731	Checking	xxxxxx3079	\$4,713.01
				TAP Hours Earned this Pay	5.23	TOTAL:	\$4,713.01

MESSAGE:

OhioHealth Corporation 180 East Broad Street Columbus, OH 43215			Pay Group: RO-OHN Corporate Associates Pay Begin Date: 07/01/2012 Pay End Date: 01/31/2015			Business Unit: OHPAR Check /1: 000000005161160 Check Date: 02106/2015								
Mary Jayne Lacey 9263 Polaris Green Drive Columbus, OH 43240			Associate ID: 78306 Department: 791 70-Hr Resource Ccntr Location: 180 B. Broad Street Job Title: HR Resource Center Spec 11 Pay Rate: \$22840000 Hourly			TAX DATA: Marital Status: Married Allowances: 3 Addl. Pet: Addl. Amt'			Federal Married 3   			OH State Not applicable 4   		

HOURS AND EARNINGS

I --- Current I ---- I >=< YTD

0.

Oeterintinu	Current	
Fed Withholdng	70.91	288.86
Fed MED/BE	23.36	72.18
Fed OASDI/EE	99.87	308.64
OH Witsholdng	36.87	117.11
OH COLUMBUS Withholdng	40.27	124.45

TOTAL;			80.00	1,867.20	240.00	9,097.20	TOTAL:	279.28	91124
BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS			
Description	Corrent	fll	Description	famof	TL	Description	Current	IID	
LMedical - PCA	153.00	459.00	Gropp Term Life	2.66	7.88	Employer Paid Life tee' IXt	0.53	1.39	
Dental	19.71	59.13	AD&D (Personal Ace. Ins.)	0.81	2.43				
Vision Service Plan	7.20	21.60	Supplemental Children Life	0.92	2.76				
403(b) Savings Plan	56.02	120.82	Long Term Disability	17.02	50.06				
FSA -Health Care Account	76.92	230.76	United Way	10.00	30.00				
TOTAL:			312.85	89931	TOTAL:	31.41	93,13	*TAXABLE=	

LEAVE BALANCES		TAP	S&P PERS LEAVE		NET PAY DISTRIBUTION				1	
Available	Balance	48.61	0.0	0.0	PymenI Tvnc Advice 110000000005161160	Account Type Checking	AccountNumber xxxxx3079		Amount \$1,243.66	
					TAP Hours Earned this Pay		5.23		TOTAL:	\$1,243.66

MESSAGE:

OhioRealib Corporation 180 East Broad Street Columbus, OH 43215		Pay Group: 0000000005187425 Pay Begin Date: 02/01/2015 Pay End Date: 02/14/2015	Business Units: OHPAR Check 8: 000000005187425 Check Date: 02/20/2015
Mary Jayne Lacey 9263 Polaris Green Drive Columbus, OH 43240		Associate ID: 78306 Department: 791,70-Hr Resource Center Location: 180 B. Broad Street Job Title: HR Resource Center Spec 11 Pay Rate: \$22.1140000 Hourly	TAX DATA: Federal OH State Marital Status: Married Not applicable Allowances: 3 4 Mat. Pet: Addl Am:

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	YTD Earnings	Description	Current	YTD
Biometrics Health Credits			40.00		160.00	Fed Withholding	81.40	391.33
Overtime	34.260000	0.50	17.13	1.25	42.07	Fed MED/EE	23.61	97.83
Regular	22.840000	80.00	1,827.20	279.75	6,303.90	Fed OASDI/EE	100.94	418.29
Holiday Pay			0.00	16.00	354.72	OH Withholding	37.44	159.72
Perfect Attendance Program			0.00		140.50	OH COLUMBUS Withholding	40.70	168.66
TAP Authorized			0.00	15.50	343.63			
TAP Unscheduled			0.00	8.00	182.72			
Tuition Reimbursed-Before			0.00		3,500.00			
Virgin Health Miles			0.00		244.49			
<b>TOTAL:</b>		<b>80.50</b>	<b>1,884.33</b>	<b>320.50</b>	<b>11,122.03</b>	<b>TOTAL:</b>	<b>284.09</b>	<b>1,235.83</b>

Denerition	Current	YIQ	Deacriotija	Current	3LI
Medical - PCA	153.00	612.00	Group Tema Life	2.66	10.54
Dental	19.71	78.84	AD±D (Personal Acc. Ins.)	0.81	3.24
Vision Service Plan	7.20	28.81	Supplemental Children Life	0.92	3.68
403(b) Savings Plan	56.53	185.35	Long Term Disability	17.02	67.08
FSA - Health Care Account	76.92	307.68	United Way	10.00	40.00

LEAVE BALANCES	TAP	SSP	PERS LEAVE	NET PAY DISTRIBUTION			
Available Balance	53.84	0.0	0.0	Payment Type	Account Type	Account Number	Amount
				Advice #000000005187425	Checking	xxxxx3079	\$1,255.47
				TAP Hours Earned this Pay	5.23	TOTAL:	\$1,255.47

MESSAGE: